

**"FEE ADDRESS" INDICATION FORM**

**Address to:**  
 Mail Stop M Correspondence  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**Fax to:**  
 571-273-6500

- OR -

**INSTRUCTIONS:** The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. **When to check the first box below:** If you have a Customer Number to represent the fee address. **When to check the second box below:** If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

Customer Number: **27777**

**OR**

The attached Request for Customer Number (PTO/SB/125) form.

PATENT NUMBER (if known)	APPLICATION NUMBER
	10/623,212

Completed by (check one):

<input type="checkbox"/> Applicant/Inventor	<b>/Lisa Adams/</b> Signature
<input checked="" type="checkbox"/> Attorney or Agent of record <b>44,238</b> (Reg. No.)	<b>Lisa Adams</b> Typed or printed name
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	<b>(617) 439-2000</b> Requester's telephone number
<input type="checkbox"/> Assignee recorded at Reel _____ Frame _____	<b>November 13, 2009</b> Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of **1** forms are submitted.

**Fee Address Indication Form**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: November 13, 2009

Electronic Signature for Lisa Adams: /Lisa Adams/